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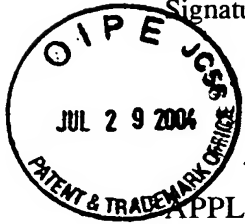
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PATENT
Docket No. P1553



IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: LAWRENCE KATES

SERIAL NO.: 10/718,374

EXAMINER: TO BE ASSIGNED

FILED: NOVEMBER 19, 2003

ART UNIT: 2838

FOR: REPEATER UNIT

COMMISSIONER FOR PATENTS
P.O. BOX 1450
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TRANSMITTAL LETTER

Dear Sir:

In connection with the above-referenced patent application, transmitted herewith are the following::

1. Revocation of Power of Attorney form PTO/SB/82 (1 page); and
2. Post card in acknowledgment of receipt of all transmitted material.

Please date-stamp the enclosed post card and return same to the undersigned in acknowledgment of receipt of all transmitted materials.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "F. David LaRiviere".

F. David LaRiviere
Reg. No. 27,207

FDL/rm
July 29, 2004
LARIVIERE, GRUBMAN & PAYNE, LLP
P. O. Box 3140
Monterey, CA 93942
(831) 649-8800



PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
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AND
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Application Number	10/718,374
Filing Date	November 19, 2003
First Named Inventor	Lawrence Kates
Art Unit	2838
Examiner Name	To be assigned
Attorney Docket Number	P1553

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name

Lawrence Kates

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Lawrence Kates

Signature

Date

July 27, 2004

Telephone

(949) 219-2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

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Country	USA				
Telephone	(949) 219-2000	Fax	(949) 219-9908		

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Name	Lawrence Kates		
Signature			
Date	July 27, 2004	Telephone	(949) 219-2000

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